

## ISSUE STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	HL		9-26-9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CT	28-708	10-31-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-26-01
2			
3	✓		
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8	✓		
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32	✓		
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37	✓		
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39	✓		
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48	✓		
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50	✓		

Claim	Final	Original	Date
51	✓	✓	11-26-01
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55	✓		
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57	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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